

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1155100

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			API No. 1	5					
Name:				Spot Description:					
Address 1:				Sec To	wp S. R	_ East West			
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section					
City:									
Contact Person:			Footages	Calculated from Neare	est Outside Section C	orner:			
Phone: ()				NE NW	SE SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c County	County:					
Water Supply Well C	Other:	SWD Permit #:	l .	Lease Name: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed: The plugging proposal was approved on:					
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes							
Producing Formation(s): List A	All (If needed attach another	sheet)	by:		(KCC Di :	strict Agent's Name)			
Depth to	Top: Botto	m: T.D	Plugging (Commenced:					
Depth to	Top: Botto	m: T.D	""	Plugging Commenced: Plugging Completed:					
Depth to	Top: Botto	m:T.D		o o mproto a r					
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Oil, Gas or Water Records ation Content		Casing Record (Surf	Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us	. 00		•		ds used in introducing	g it into the hole. If			
Plugging Contractor License #	Name:	me:							
Address 1:			Address 2:						
City:			State:		Zip:	+			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _		, ss.						
			Em	ployee of Operator or	Operator on abo	ove-described well,			

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.



260285

TICKET NUMBER 37966 LOCATION ON Hey K

O Box 884, Ch	anute, KS 6672 r 800-467-8676	20	DIIUNEI	CEMEN	IMENT REI T			Ks
DATE							RANGE	COUNTY
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USTOMER		September 1	1810/010	ourder				T abures
Moll				50044	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS				40	463	Cory D		
				Red G	693	Travisw		
ITY		STATE	ZIP CODE ·	15-				-
				2-1				<u> </u>
DB TYPE P	A T"		8) דר	HOLE DEPTH	1	_ CASING SIZE & W	/EIGHT	
ASING DEPTH		DRILL PIPE	4112				OTHER	
LURRY WEIGH	т <u>13.8 </u>	SLURRY VOL_	.42	WATER gal/s	sk	CEMENT LEFT in	CASING	
		DISPLACEMENT	PSI	MIX PSI		RATE		
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ACCOUNT	QUANITY	or UNITS	DESCRIPTION of SERVICES or PRODUCT				UNIT PRICE	i i
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.